

Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions

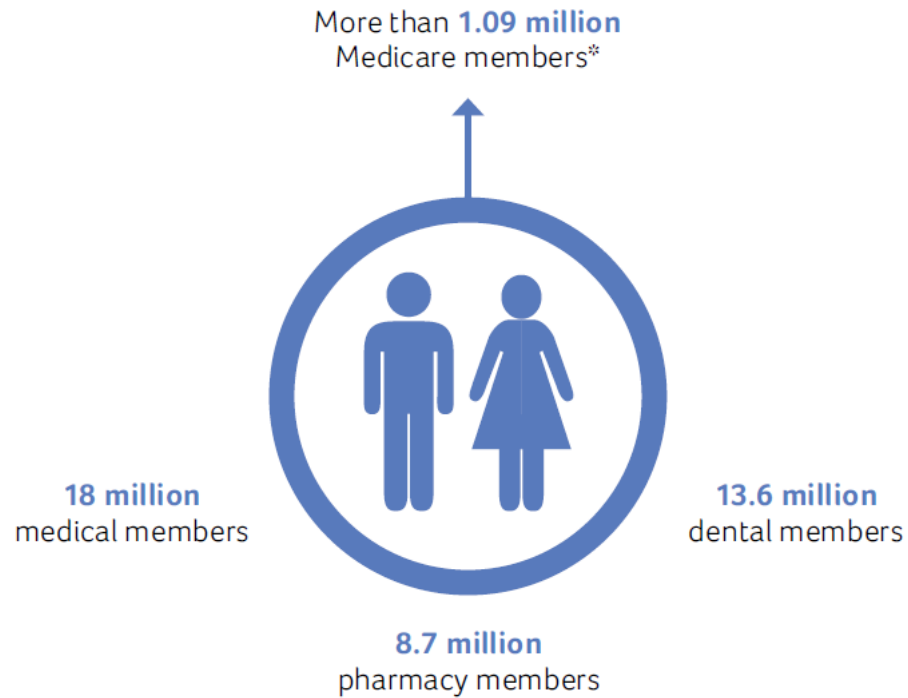
aetna<sup>SM</sup>

# ACI Final Expense (Whole Life)



# Why Aetna?

## Aetna: A Recognized Leader In Health Insurance



\*As of June 30, 2012.

# Why Aetna?

## Aetna Brands Have Top Financial Ratings

**Aetna Life Insurance Company\***

**ACI and CLI\*\***

**A**

**A.M. Best**

**A**

**A.M. Best**

**A1**

**Moody's**

**A+**

**Standard & Poor's**

**AA-**

**Fitch**

\*financial strength as of April 26, 2012

\*\*financial strength as of November 18, 2011

**American Continental Insurance Company (ACI) and Continental Insurance Company (CLI), both Aetna companies.**

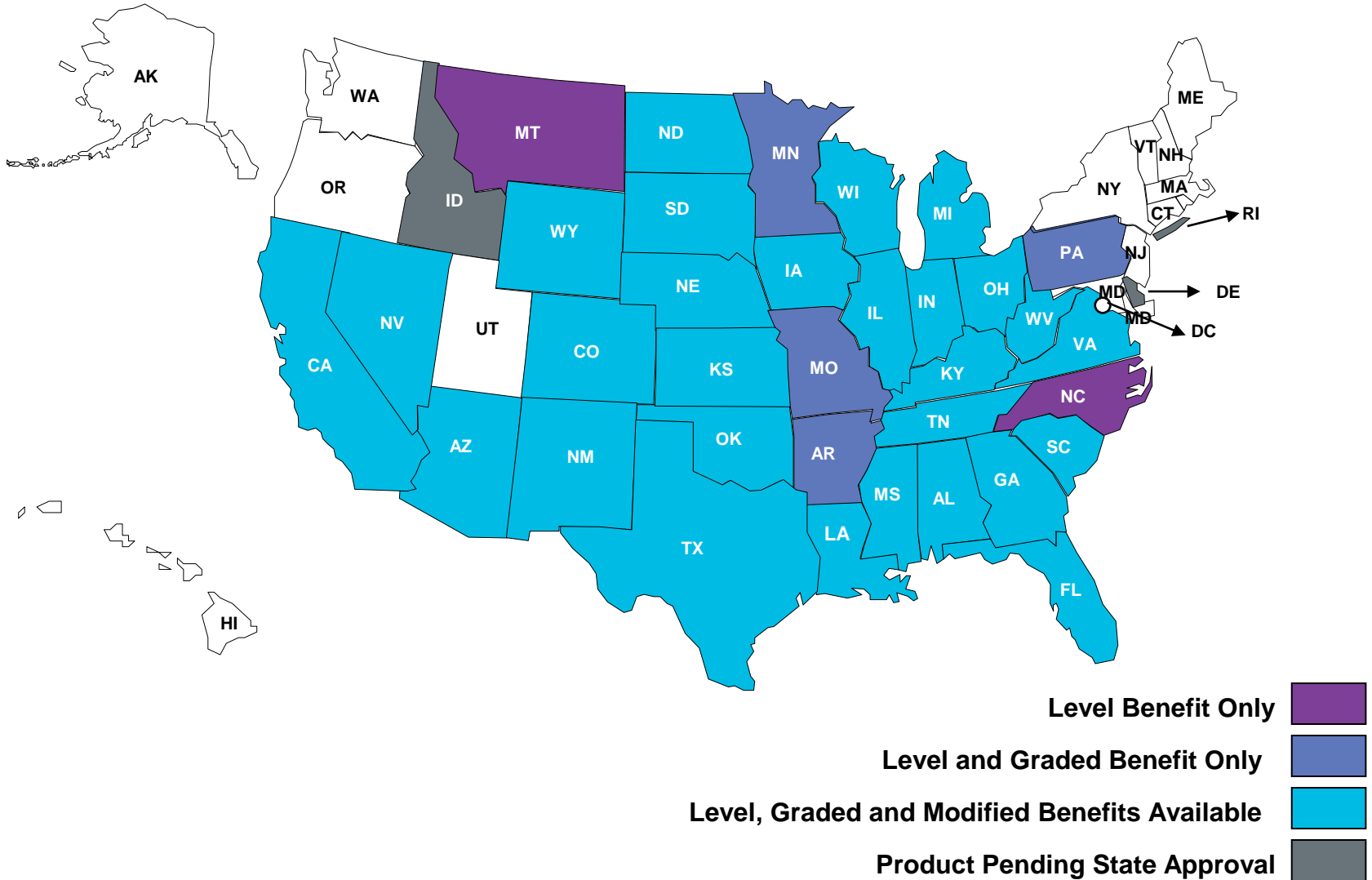
# Aetna Senior Supplemental\*

- Over 27 years specializing in the senior market
- Focused on being a distributor preferred company, supporting long term success for our valued producers
- A small company personality with big company capability
- Proven “personalized” customer service
- Products to cross sell that will help grow your business
- Attractive commissions
- Diverse product portfolio that meet the unique needs of your clients
- Qualify for sales incentives (all products help qualify - state compensation rules vary)
- Consumer Lead Referral Program

\* Includes all products underwritten by American Continental Insurance Company (ACI) and Continental Insurance Company of Brentwood, Tennessee (CLI), Aetna companies; and Medicare Supplement products underwritten by Genworth Life and Annuity Insurance Company (GLAIC) and Genworth Life Insurance Company (GLIC), Genworth Financial Companies; as administered by Aetna Life Insurance Company and its affiliates.

# Final Expense Availability – as of 3/12/2012

Applicant must reside in policy issue state



# Final Expense Offers Clients

**Peace of mind**

**Provides funds when needed most**

**Affordable coverage**

**Rates do not increase**

**Level, graded or modified death benefit plans**

Plan options vary by state

**Point of sale pre-approval**

Telephone based Jet Pre-Approval process

- Client applies knowing what coverage level he/she can qualify for
- Reduces declined applications
- Can expedite issuance of the policy

Pre-Approval does not guarantee an application will be approved

**Coverage through a company with proven financial strength and commitment to the senior market**

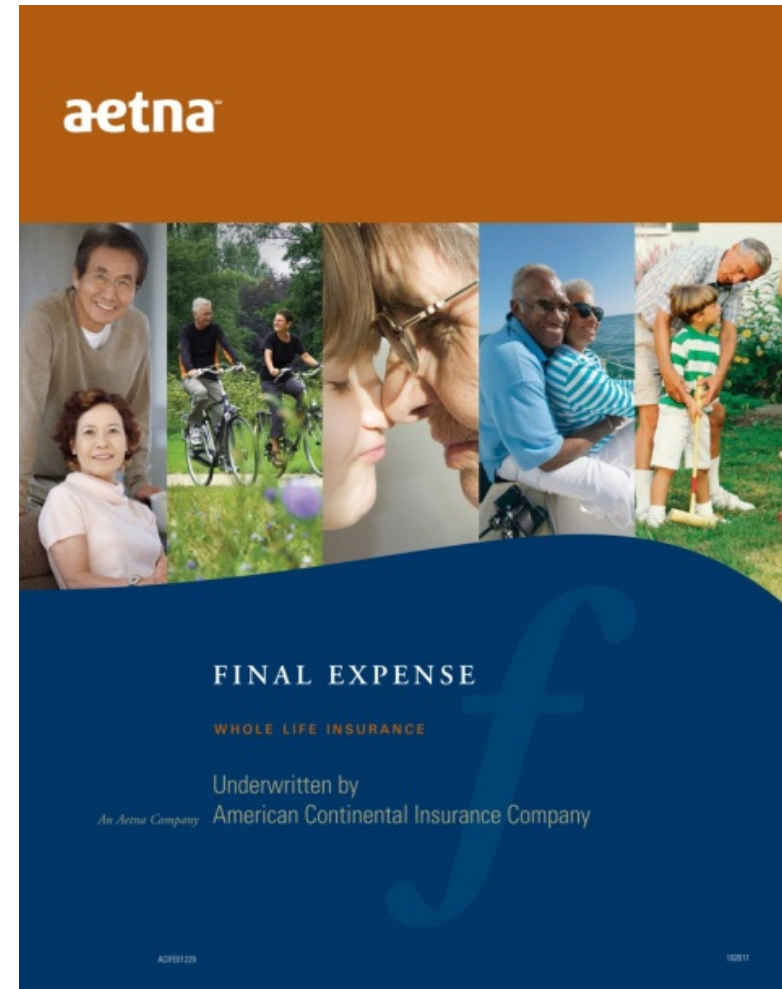
# Final Expense Offers Agents



- **New product to cross sell to existing clients**
- **Expand your client base**
- **Multiple products increase business persistency**
- **Competitive commissions**
- **Credit toward qualification for sales contests**
- **Commission advancing when approved by the home office**

# Marketing Materials

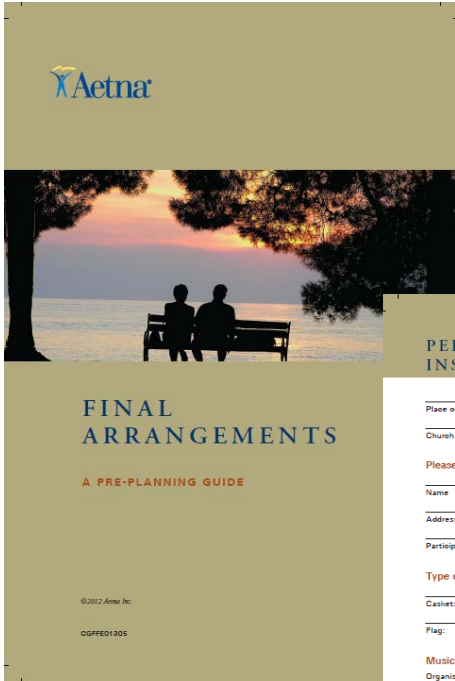
- Sales kit contains everything you need
- Agent rate guide available – not part of sales kit
  - Rates by face amount
  - Money Purchase rates





# Final Arrangements Planning Guide

- Included in all sales kits
- Available as stand-alone
- Allows consumers to document their final wishes for their loved ones and record important information



The image shows the cover of the 'Final Arrangements' guide. At the top left is the Aetna logo. The central image depicts a couple sitting on a bench by a body of water at sunset. Below the image, the title 'FINAL ARRANGEMENTS' is written in large, blue, serif capital letters, followed by the subtitle 'A PRE-PLANNING GUIDE' in smaller, orange, sans-serif capital letters. At the bottom left of the cover, there is small text: '©2012 Aetna Inc.' and 'CGPFE01305'.

**PERSONAL MEMORIAL INSTRUCTIONS**

Place of service/memorial chapel \_\_\_\_\_ telephone \_\_\_\_\_  
Church denomination \_\_\_\_\_ name of church \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_

Please Contact:  Minister  Priest  Rabbi

Name \_\_\_\_\_ telephone \_\_\_\_\_ email \_\_\_\_\_  
Address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Participating organizations(s) (military or fraternal) \_\_\_\_\_

Type of Service:  open  closed

Casket: metal/wood/fiberglass \_\_\_\_\_ interior color \_\_\_\_\_ exterior color \_\_\_\_\_  
Flag:  yes  no fold/place at head of casket/orage casket

**Music:**  
Organist:  yes  no  
Selections: \_\_\_\_\_  
Soloist:  yes  no  
Selections: \_\_\_\_\_  
Favorite passage from bible or other literature: \_\_\_\_\_

**Clothing:**  
Use from current wardrobe:  yes  no  
Jewelry: \_\_\_\_\_  
Stays on or return jewelry to: \_\_\_\_\_  
Wedding ring: \_\_\_\_\_  
Stays on or return ring to: \_\_\_\_\_  
6

# Establish Client's Needs – Questions to Ask

The average funeral costs \$10,000+.

Have you considered the health costs associated with end of life health care?

Are you aware that Social Security currently pays only \$255 as a death benefit?

Have you taken care of your final expenses?

Can your family afford to bear the costs of your funeral?

Have you considered expenses other costs that may occur?

- Out-of-pocket medical expenses including hospice or skilled care
- Estate Probate
- Funeral costs including grave marker, etc.
- Other debts

## The Cost Of A Funeral\*\*

Funeral costs will vary depending on the type of service, funeral provider, and other specific desired arrangements. The guide below includes examples of different types of funeral services with a range of general costs.

### Containers

Caskets	\$90 - \$65,000
Cremation urns	\$25 - \$3,650
Vaults	\$450 - \$9,890

### Basic Services

Funeral services	\$700 - \$1,775
Burial	\$725 - \$2,635
Cremation	\$725 - \$2,255
Receiving remains	\$440 - \$2,040
Forwarding remains	\$780 - \$2,520
Embalming	\$100 - \$ 525

### Ceremonies

Onsite visitation	\$100 - \$520
Onsite memorial service	\$100 - \$670
Graveside service	\$50 - \$415

### Transportation

Funeral coaches	\$135 - \$250
Limousines	\$125 - \$250
Utility vehicles	\$30 - \$125

For specific information about the costs of funeral services in an area, contact a local funeral service provider.

\*\*Source: National Caregivers Library, February 6, 2009, [www.caregiverslibrary.org](http://www.caregiverslibrary.org)

Note: This is not a pre-paid funeral plan

# Determine Face Amount

Pre-calculated rate sheets simplify decision

Face amounts vary by age – based on age at application

- Determine face amounts available
- Sold in increments of \$1,000
- Minimum \$3,000, Max \$35,000

Level Benefit Plan BSP Rates for Face Amounts  
(Male Non Smoker)

Issue Age	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
45	17.92	25.21	32.50	47.08	61.67	76.25	90.83
46	17.92	25.21	32.50	47.08	61.67	76.25	90.83
47	18.33	25.83	33.33	48.33	63.33	78.33	93.33
48	18.33	25.83	33.33	48.33	63.33	78.33	93.33
49	18.75	26.46	34.17	49.58	65.00	80.42	95.83
50	18.75	26.46	34.17	49.58	65.00	80.42	95.83
51	19.17	27.08	35.00	50.83	66.67	82.50	98.33
52	19.58	27.71	35.83	52.08	68.33	84.58	100.83
53	20.42	28.96	37.50	54.58	71.67	88.75	105.83

Note: This is not a pre-paid funeral plan

# Sample Premiums - \$10,000 Death Benefit

	Issue Ages	Monthly Premiums*	
		Female Non-Smoker	Male Non-Smoker
Level	65	\$ 45.83	\$ 55.83
	70	\$ 55.33	\$ 70.83
	80	\$105.83	\$131.67
	89	\$207.50	\$286.67
Graded	65	\$ 55.83	\$ 69.17
	70	\$ 68.83	\$ 89.17
	80	\$135.83	\$175.00
Modified	65	\$ 58.33	\$ 75.83
	70	\$ 75.83	\$109.17
	80	Not Available	Not Available

.Note: Monthly premium includes the \$40 annual policy fee

# Determine Level Of Coverage

## Sample health questions

- Section 3 of application
- Available coverage levels (and application form) vary by state
- If applicant can answer “no” to all questions in Section 3A,” the client qualifies for some level of coverage

Coverage level	Requires a “No” answer for all questions in
<b>Modified</b> (where available)	<b>Section 3A</b>
<b>Graded</b> (where available)	<b>Sections 3A and 3B</b>
<b>Level</b>	<b>Sections 3A, 3B and 3C</b>

Sample shown is an application when all coverage levels are available

Application for Whole Life Insurance

Page 2 of 5 Applicant Initials \_\_\_\_\_

### 3. Health questions

**A. Modified benefit plan**  
If you answered “yes” to any questions in Section A, you are not eligible for insurance coverage.

**B. Graded benefit plan**  
If you answered “yes” to any questions in Section B, you qualify for the Modified benefit plan.

**C. Level benefit plan**  
If you answered “yes” to any questions in Section C, you qualify for the Graded benefit plan.  
  
If you answered “no” to ALL questions in Section C, you qualify for the Level benefit plan.

1. Do any of the following apply to you?

A. currently hospitalized, in a nursing facility, confined to a bed, receiving hospice care  Y  N

B. require use of oxygen for any lung or respiratory disorder  Y  N

C. have been diagnosed by a medical professional to have an aneurysm that has not been surgically repaired  Y  N

2. At any time have you been diagnosed or treated by a medical professional or had surgery for any of the following?

A. any condition requiring bone marrow, stem cell, or organ transplant  Y  N

B. kidney disease requiring dialysis  Y  N

C. Alzheimer’s Disease, dementia, mental incapacity  Y  N

D. Lou Gehrig’s Disease (ALS)  Y  N

E. a life expectancy of 12 months or less  Y  N

F. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), tested positive for the Human Immunodeficiency Virus (HIV)  Y  N

3. Do you have diabetes?

A. diagnosed by a medical professional before age 40  Y  N

B. in combination with any heart or circulatory disorder diagnosed by a medical professional (excluding high blood pressure)  Y  N

C. requiring 40 or more units of insulin daily  Y  N

4. Within the past 12 months, have you been diagnosed or treated by a medical professional or had surgery for any of the following?

A. heart attack, heart valve disorder, heart blockage, stroke or transient ischemic attack (TIA)  Y  N

B. any lung or respiratory disorder requiring the use of a nebulizer  Y  N

C. any lung or respiratory disorder and currently use tobacco  Y  N

D. internal cancer, melanoma, lymphoma, multiple myeloma, leukemia, systemic lupus (SLE)  Y  N

E. chronic pancreatitis, chronic hepatitis, cirrhosis  Y  N

5. Within the past 12 months, have you been recommended by a medical professional to have any of the following?

A. treatment or counseling for alcohol or drug abuse  Y  N

B. test, surgery, treatment or further evaluation that has not been performed or are there any test results pending  Y  N

6. Within the past 24 months, have you been diagnosed or treated by a medical professional or had surgery for any of the following?

A. aneurysm, heart attack, any circulatory disorder, stroke or transient ischemic attack (TIA)  Y  N

B. emphysema, chronic obstructive pulmonary disease (COPD)  Y  N

C. internal cancer, melanoma, leukemia  Y  N

D. neuromuscular disorder including, but not limited to, cerebral palsy, multiple sclerosis, muscular dystrophy  Y  N

E. any connective tissue disorder, ulcerative colitis, Crohn’s disease  Y  N

7. At any time, have you been diagnosed or treated by a medical professional or had surgery for any of the following?

A. congestive heart failure, cardiomyopathy, Parkinson’s disease  Y  N

B. any permanent paralysis, amputation caused by disease  Y  N

8. Are you dependent on a wheelchair or motorized mobility device?  Y  N

ACIFE0430SD 020210

**Modified** →

**Graded** →

**Level** →

# Benefit Plans

	Death Benefits	Issue Ages	Maximum Benefit*
Level	Full benefit immediately	45 – 65	\$35,000
		66 – 80	\$25,000
		81 – 85	\$15,000
		86 – 89	\$10,000
Graded	<b>Accidental Death</b> Full benefit immediately		
	<b>Non-accidental Death</b> Policy year 1: 40% of benefit amount	45 – 65	\$35,000
	Policy year 2: 75% of benefit amount	66 – 80	\$25,000
	Policy year 3: Full death benefit		
Modified	<b>Accidental Death</b> Full benefit immediately		
	<b>Non-accidental Death</b> Policy years 1 and 2: ROP plus 10%	45 – 65	\$35,000
	Policy year 3: full death benefit	66 – 75	\$25,000

All levels not available in all states.

Note: \$3,000 minimum benefit amount for all ages

# Jet Pre-Approval

## Conducted at point of sale

- Fast and convenient
- Pre-qualifies applicant for level of coverage (based on age and health history)
- Expedites policy issue upon **final approval** by Home Office

## Sales occurring outside hours of operation

- Agent and applicant determine a convenient date/time for the telephone interview to be conducted (within Jet Pre-Approval hours of operation)
- Agent initiates call to the Jet Pre-Approval Team and they will establish a 3-way call with you and your client

# Dedicated Final Expense Toll Free Number

**CALL 877 JET.2759 (877 538-2759)**

**Select menu option based on the type of Final Expense inquiry**

## Option 1: Jet Pre-Approval Team

Time Zone	Monday – Friday Hours	Saturday Hours
Eastern	8:00 a.m. – 10:00 p.m.	10:00 a.m. – 4:00 p.m.
Central	7:00 a.m. – 9:00 p.m.	9:00 a.m. – 3:00 p.m.
Mountain	6:00 a.m. – 8:00 p.m.	8:00 a.m. – 2:00 p.m.

*Pre-Approval is conducted by telephone at the point-of-sale with the client (or by 3-way conference if agent is not face-to-face with the applicant during normal hours of operation).*

## Option 2: FE Specialist Team

Time Zone	Monday – Friday Hours
Eastern	8:30 a.m. – 5:30 p.m.
Central	7:30 a.m. – 4:30 p.m.
Mountain	6:30 a.m. – 3:30 p.m.

- New business
- Underwriting
- Policy status

*Final Expense currently not available in any state located in the Pacific Time Zone.*



# What To Review With Your Client

## Verify the applicant agrees to the Pre-Approval process

- Recorded phone call
- Application will still be required

## Benefit amounts available for client's age bracket

- Jet Pre-Approval will ask for requested face amount

## Premium

- Modal options and payment methods available

**At a minimum, ask applicant all health questions in section 3.A. of application prior to the call**

**Verify applicant is a U.S. resident and resides in policy issue state**

**Determine if applicant intends to replace other insurance/annuity**

**Call 877 JET.2759 (toll free) with your applicant present**

# Complete the Application

## If client is pre-approved

- Complete application, including all health questions or until a “yes” answer is provided
- Obtain proper signatures, with all required forms completed, including replacement forms
- Write pre-approval number on application
- Incomplete or missing documents and discrepancies will delay processing

## If client is pre-approved for a plan other than plan of choice

- After call is completed, determine if client wants to apply for coverage
- Complete application according to coverage level desired and for which they have been pre-approved
- Application can have no more than two (initialed) corrections

## Pre-approval is valid for 30 days

- After 30 days a new application and telephone interview will be required

## Pre-approval does not result in immediate coverage

- Policy effective when approved and all requirements received in Home Office

**Refer to *Process Guidelines* for detailed instructions (*in Sales Kit*)**

# Submit New Final Expense Business

## **Fax completed application (and other required documents)**

Final Expense dedicated New Business fax number (877) 302-3304

## **Mail check, along with Final Expense (FE) payment form to lockbox**

- DO NOT mail FE application to lockbox
- Reference assigned pre-approval number on FE payment form
- Lockbox address can be found on FE payment form and New Business envelope (both are included in sale kits)

**Refer to *Process Guidelines* for detailed instructions (*in Sales Kit*)**

# Effective Dates

**Requested effective dates within guidelines will be honored if application and first mode of premium are received at home office within 15 days of application date**

- Requested effective date can be no earlier than application date
- Otherwise (or if an effective date is not requested), effective date will be application date

**If application and first mode of premium are received at home office 16-30 days of application date**

- Requested effective date can be no earlier than home office received date
- Otherwise (or if an effective date is not requested), effective date will be home office received date
- Applications received between 16-30 days from application date are subject to a premium difference if a birthday has occurred

**Premium determined based on policyholder's age (last birthday) on the effective date of coverage**

**Applications received greater than 30 days after the application date will be returned and a new application required**

# Fax Check Program

## Fax Initial Check = Faster Policy Issue

- Available for Final Expense applications only
- Fax applicant's initial premium
- Applicant must use electronic funds transfer (EFT) to pay recurring *monthly* premiums
- Complete an Authorization To Fax Check form (# ACIFE0795)
  - Complete EFT request section of application
  - Faxed check also used to set up EFT

**Aetna**  
American Continental Insurance Company  
An Aetna Company  
101 Continental Plaza  
Brentwood, TN 37027

**Authorization To Fax Check**  
from American Continental Insurance Company  
Page 1 of 1

- Print clearly and use blue or black ink.

**1. Usage Guidelines**

**Requirements:**

- The faxed check method can only be used for **initial premium payments** when the recurring method of payment will be **electronic funds transfer**. This method cannot be used for a one-time direct bill quarterly, semi-annual or annual mode.
- The check must be entirely completed. We will not accept faxed checks with missing information such as: pay to, date, written amount, dollar amount, signature, etc.
- The agent will properly destroy the original check once faxed and received at the Home Office.
- Fax the signed authorization with the application for insurance and required forms to 877.302.3304.

Note: Your checking account may be debited the same day your agent faxes the check to us.

**2. Authorization**

Your agent will submit your application for insurance and your initial payment request to American Continental Insurance Company via facsimile (fax).

By signing this form, you authorize American Continental Insurance Company to initiate an electronic funds transfer from your bank account according to the terms of the check. This means your check will be converted to an electronic transaction. Your agent will destroy your original check after it is faxed and received at the Home Office.

I hereby authorize American Continental Insurance Company to draw an electronic funds transfer from my checking account to pay for this life insurance policy. Future premiums for this life insurance policy will be deducted from this checking account until you notify us to change your billing.

Applicant signature \_\_\_\_\_ Date signed \_\_\_\_\_

**X**  
\_\_\_\_\_  
(Signature as it appears on bank records)

**Destroy faxed check upon receipt confirmation by home office**

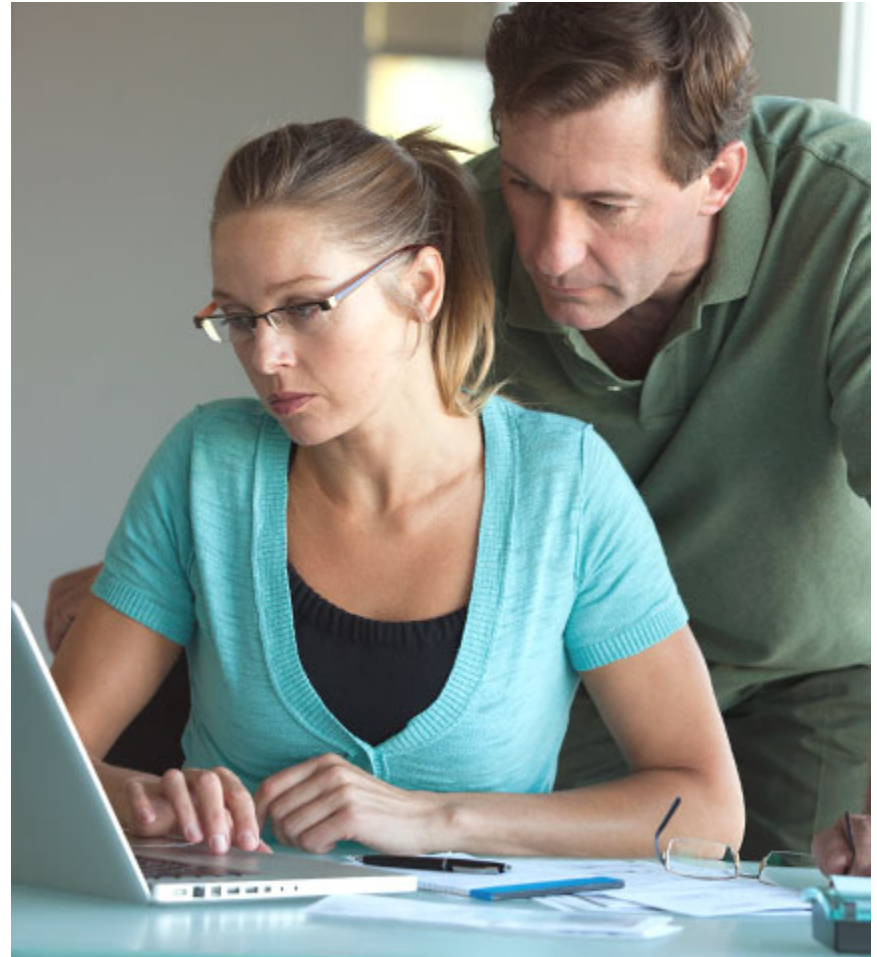
**It is important to inform applicant that check will be destroyed**

# Bank Draft

**Initial premium by EFT will be drafted the day of issuance**

**Draft dates requested up to 10 days from initial draft date will be honored for subsequent premiums**

Indicate preferred draft dates for subsequent premiums in the remarks section of the application



Note: Using Electronic Funds Transfer (EFT) helps maintain better business persistency, helps ensure important coverage is maintained and is required for policyholders paying monthly.

Note: To eliminate unexpected overdrafts, ACI does not offer EFT for other premium modes.

# Application Processing Guidelines



## Applications will be rejected if:

- Anyone other than applicant completes and signs application
- Applicant did not know they applied for insurance
- Applicant is unwilling to complete telephone interview
- Faxed application, applicable forms and initial premium are not received in good order within 30 days from date of pre-approval
- Applicant is not legal U.S. resident and a resident of the policy issue state

**Signed HIPPA authorization form is required**

# Premium Shortages

## Rate calculation on modal factors

- Use modal factor provided in Outline of Coverage
- Agent rate cards provide monthly rates; available for most products

## Policy fee

- Annual fee – included in monthly rates
- Add fee to annual, quarterly, or semi-annual rates as found on agent rate sheet
- Jet Pre-Approval quotes rates that include annual policy fee

**For applicants using EFT: Draft will be taken for correct amount  
Direct Bill: Additional funds required before processing can continue**



# Business in Good Order = Faster Service

## **State appointment with underwriting company required**

- Final Expense addendum and home office approval required

## **Include your agent writing number on application**

- Writing Codes vary by underwriting company
- Agent name and writing number should be legible

## **Submit entire application**

- All pages must be faxed to home office as application becomes part of policy

## **Electronic Fund Transfers**

### **Authorization form must be signed**

- For Fax Check Program, provide check
- For EFT only, submit voided check and correct routing and bank account number

## **Checks made payable to legal entity (American Continental Insurance Co.)**

## **HIPPA form required**

## **Applicant's home address can not be a Post Office Box**

- Applicant's physical (street or rural route) address is required
- Billing or mailing address can be a Post Office Box

# Marketing Guidelines

**Make sure it is a suitable sale that meets the consumer's needs**

**Use only company approved sales materials and leave materials with applicant**

**In lieu of policy illustration, consumer will receive:**

- Life Insurance Buyers Guide (included in sales kit)
- Cost Comparison Indexes (included with policy)
- Small Face Value Disclosure (included with policy)

**Agent sales practices**

- High “not taken” policies = high pressure sales tactics
- High lapse rates = unsuitable sale (consumer can't afford)

**Final Expense is not a pre-need or pre-paid funeral contract**

- Make sure customers understand the difference

**Know your state's requirements for life insurance sales as it pertains to replacements, suitability and permissible agent sales practices**

- Complete replacement forms
- Verify need and ability to pay

# Life Insurance Buyers Guide

## Helps you recommend suitable life insurance coverage

- Find a policy that meets customer's needs and fits their budget
- Decide how much insurance customer needs
- Help customer make informed decisions when buying a policy

## Important things to consider

- Review customer's insurance needs and circumstances
- Help them choose policy that has benefits most closely fitting their needs
- Provide clear explanation that graded and modified benefit plans will not pay full death benefit in first 2 policy years (except for accidental death)
- Be sure they can afford premium payments
- Don't sign insurance application until customer is sure answers are complete (based on level of coverage being applied for) and accurate
  - Standard 2 year contestability period
- Do not replace customer's policy unless in their best interest
  - Will this policy reduce their existing cost or provide more coverage for the same cost?
- Leave Buyers Guide with applicant

# Small Face Value Disclosure

## Example

- Age 70 female, non-smoker
- \$10,000 death benefit
- \$670.00 annual premium
- Premium payments will exceed death benefit on 14<sup>th</sup> annual payment (age 84)

AMERICAN CONTINENTAL INSURANCE COMPANY  
101 CONTINENTAL PLACE  
BRENTWOOD, TENNESSEE 37027  
(615) 377-1300

### POLICY DISCLOSURE

**PLEASE READ CAREFULLY.** You have selected a whole life insurance policy with a face value of \$15,000 or less. Based on the amount of insurance you have selected it is anticipated that over the term of your life insurance policy that the amount of premium you will pay for this policy may exceed the face value of your policy.

The following information is provided for your reference:

EFFECTIVE DATE OF POLICY: February 10, 2010

FACE AMOUNT OF POLICY: \$10,000

ANNUAL PREMIUM: \$670.00

\*ANTICIPATED DATE THAT YOU MAY EXPECT YOUR PREMIUM PAYMENTS TO EXCEED THE POLICY FACE AMOUNT: February 10, 2024

\*This date is based on the following: (1) premiums are paid when due; (2) there is no lapse in coverage; (3) the face value of the policy remains the same for the term of the policy; (4) there are no policy loans which may affect the value of the policy; and (5) the policy remains in force.

American Continental Insurance Company does not offer other types of life insurance products like term life, universal life or variable life. Premium payment modes available were outlined at the time of application and no other premium payment plans are available.

You have 30 days to review your policy and return it to Company for a full refund if you decide that you do not want to keep it.

If you have any questions regarding this notice or questions about your policy please contact your agent or our office.

NC-DISC-10

# Getting Ready To Sell

## Home office approval required for new and existing agents

- Includes General Agents (GA) & Managing General Agents (MGA) currently appointed with ACI
- Simplified process for those currently appointed with ACI

## Confirmation of Final Expense appointment needed

- Home office approval is emailed to agent
- Required prior to selling product
- Required in order to receive commissions or commission overrides

## Commission and contracting approvals are effective immediately

- Upon approval by home office
- Retroactive approvals are not allowed

## Know your state's replacement, suitability and sale practices rules

**Note: We will not accept application (or conduct pre-approval phone interview) if agent does not have prior written approval by home office that they are authorized to market the Final Expense product.**

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# Final Expense Appointment Requirements

## **ACI/CLI Contract Addendum (form #ACIFE0846)**

- Required of all GA and MGAs who wish to sell Final Expense product
- 6-month or 9-month advancing options
  - *Interest rate will apply*
- Advancing must be authorized by the home office
- Option to waive commission advancing
- No commission advancing on applications taken on family members

## **Disclosure of intent to obtain consumer reports**

## **Final Expense Commission Schedule (*not needed for LOA*)**

## **Copy of Life license(s)**

- In all states where you wish to sell the product

## **ACI/CLI General Agent or Managing General [Agent?] Agreement**

- Not required of agents actively appointed with ACI and/or CLI under Agreement form # GEN0070, GEN0071, or GEN0072.

# Need Assistance?

## Contact Agent Services

**1.800.264,4000, Option 3, 1  
(Sales)**

- Order supplies
- Assistance completing application
- Product availability

## aetnaseniorproducts.com

- Order supplies
- Track qualification for sales incentives
- Block of business reports
- News bulletins

The screenshot shows the Aetna Senior Products website interface for agents. At the top left is the Aetna logo. To the right are links for [Impersonate](#), [Your Profile](#), [Directory](#), [Contact Us](#), and [Logout](#). Below this is a navigation bar with tabs for [Agent Home](#), [News](#), [Products/Supplies](#), [Promotions](#), [Tools/Training](#), and [Dashboard](#). On the left side, there is a vertical menu with links for [Top Producers](#), [Order Supplies](#), [Promotions](#), [Newsletters](#), [Reports](#), and [Email Us](#). The main content area features a "Welcome Agents" header and a "Products and Supplies" section. The "Products and Supplies" section includes a sub-header, a paragraph of text, and a link to [Products and Supplies](#). To the right of this section is a "News" box with a headline and a "Read More" link. At the bottom of the page, there is a copyright notice: "© 2012 Aetna Inc."

# Question And Answer

**Press \*1 to ask a question**

**To order supplies, call Agent Services team at  
1.800.264.4000, Option 3, 1**



Thank you

**aetna**<sup>SM</sup>